WRITE

PLEASE

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07153

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County Principio Furnace	State Maryland County Cecil
City or town. Principio Furnace (If outside city or town limits, write RURAL and give nearest town)	City or town. Principio Furnace (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 76 years Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ella M. Anderson	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20, DATE OF DEATH Quely 12 19 48 21 7 2 - M
6.(b) Name of husband or wife Newton W. Anderson 6.(c) It alive, give age 78 years 7. Birth date of Follows	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19
deceased (mo., day, yr.) February 11, 1872 RAGE- Years Months Days It less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 76 5 1	Thrombos Tu
9. Birthplace	Due to Agranianson 10000
1B. Usual occupation. Housewife	On time Selenses
11. Industry or business	Due to.
	Blas condition Partial humpleyon 9 40
12. Name Aaron Blackson 13. Birthplace New Jersey	Uniter Committons
3.6	(Include pregnancy within 3 months of death)
14. Maiden name Mary A. Mahan 15. Sirthplace Md.	Major findings of operatious
Newton W. Anderson	
16. Informant	Autopsy results
Address Principio Furnace, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Burial (Burial, cremation, or removal. Which?) Burial (month) (day) (year)	Accident, suicide, or homicide
Principio	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	(City or town) (County) (State)
Location Principio Furnace, Md.	Injured at home, farm, industry, public place (wherer) Means of injury Injured at work?
18 Funeral director Lee a. Catterson 45on.	Missing of injury injured at more.
Address Perryville, Md.	S SIGNATURE J. 7. Magraco
ble 14 . 48 Irena E. Claration	M. D. or other
19 There 2, Claryton (Date rec'd by registrar) Begistrar	Address Date signed Date signed



PLEASE.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07154 Reg. Dist. No....

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County	00000
City or town	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or lewn
How long in above place of dealh?	(If outside city or town lumits, write RURAL and give nearest town)
una Hospital.	Street No. 13 x w. High
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Clara & Biddle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femals whits Brigle.	20. DATE OF DEATH July 9 1948, 21 1 20 1
0	
B.(b) Nama of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I blended deceased from
7. Birth dato of decreased (mo. day vr.) October 17, 1879	and that I last saw h alive on July 9 1848
accessed (may as) 1300	Immediate cause of death
19 9 2	Wenny July 1-
	0
8. Birthplace & lboty be cio, hayand	Due to Catony 1 bladder-
10. Usual occupation	
10, Usuat occupation	Due to hite carcinoma
11. Industry or business	lundar spens with paralific
= 12. Name Jawk Biddle	Other conditions I lead and blodder
12. Name Ta wh Biddle 13. Birthplace Cecil Co., Manyland.	Carchiothe of liver.
	(include pregnancy within 5 months of death)
14. Molden name Elizabeth Touch. Elizabeth Touch. Elizabeth Touch.	Major findings of operations
16. Informant	Antopsy results
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof (menth) (day) (year)	Accident, sutcide, or homicide
13/14	Where did tolury occur?
Cemetery or crematory. Clifficant	Where did tnjury occur? (City or town) (County) (State)
Location Classical Inc.	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Authority	Means of tnjury injured at work?
Address Elaton Mh	Mildard H Xbroales ho.
10 1 101	23. SIGNATURE. M. D. or other
19. July 19. 4 The July Registrar Registrar	Addiress & lety hy d Date signed Tuly 9-48

THE PERSON NAMED IN

JUL 13 1948

07155

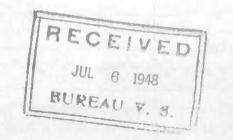
CERTIFICAT	E OF DEATH Reg. Dist. No. 93
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, Married, widowed, or divorced 6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) for the deceased (mo., da	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.48 at 6.4 21. I GERTIFY that death occurred on the date above stated; that I attended deceased from 19.5 to 19. and that I last few h. 1.000 alive on 19.5 to 19. Immediate cause of death. DURATION Due to Due to Other conditions.
12. Name State 13. Birthplace 13. Birthplace 15. Its. Birthplace 15. Birthplace 15. Birthplace 15. Birthplace 15. Birthplace 15. Birthplace 16. Call State 17. Barral Greenation, or removal Whigh? Cemetery or crematory Comment (day) (year) Location Clater 19. Call State 19.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury 1. Date of M. D. or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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PLEASE



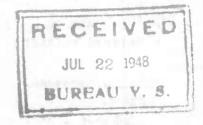
MARGIN RESERVED FOR BINDING

Evidence for change of	MARYLAND STATE DEPARTMENT OF HEA
birth date shown on:	2411 N. Charles St., Baltimore
04 No G 11' 111 95	10ACCERTIFICATE OF DEATH

07156

J	11	00	00
g.	Dist.	No	36

יטון וישורו.	0 11 0	UL 41	1946			
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:	
County		State Maryland Cou				
City or town				••••		
und the last and the	-(db2 1 V	ral moa	1 day	City or town. Baltimore (If outside city or town limits	write RURAL and give nea	rest town)
Hospital, Institution, or	street address where	death occurred:		Street No. 139 North	Broadway	
			t. Md.	Street No. (If rural, give	LOCATION)	
			nos. O days	2.(a) If veteran, name war.	and PT	
A			**************************************	2.(d) II veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security	Number
BROWN	James O.				None	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CH	ERTIFICATION	
	-3.04	70	tenama a d			F. 05 D
male	white	יעב	ivorced	20. DATE OF DEATH July 19.		
6.(b) Name of hashand	ex N	olve T.	Ranka	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decea	ased from
				June 18, 19.	47 to July 19	1948
7. Birth date of		1975	If alive, give ageyears	and that I last eaw h	uly 19.	19.48
deceased (mo., day,)	In Novem	ber 8,	1886	Immediate cause of death		
8. AGE: Years	Months	Days	if less than one day	Tuberculosis. pulmon		
61 6	8	11	hrsmln.		• •	
		1 1		far advanced, act		OHEROWA
B. Birthplace	Dublin, Ke	ntucky	ate)	Due to		••••••
25 40 40	Debine	A solds	ate)		•••••	
10. Usual occupation.	rectie	d Bordr	34	Due to		
11. Industry or busines	8				***************************************	
≝ 12 Home 1	Inknown -	decease	d	Other conditions		
	Unknown		4		aningolarneis	Unknown
				Psychosis, due to art	nonths of death)	CHARIOWIL
14. Maiden name.	Unkno	wnde	ceased	Major findings of operations		
W 15 Birthniace	Unknown			Utalor madrage or obstacroam		
- 10. Dillipino	77. 14. 9			Autopsy results		
16. Informant	-			PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
Address	AH, Perry	Point,	Md.	22. VIOLENCE: If death was due to external cau		
Romo	ral	Data Abana	July 21, 1948	22. VIOLENCE: It death was due to external cau		
17. Remo	, or removal. Which	?)	July 21, 1948 (month) (day) (year)			
Cometery or cremati	Holy Re	deemer	•••••	Where did injury accur?(City or town)	(County)	(State)
	altimore.			Injured at home, farm, Industry, public place (w		
Location	7)				Injured at work?	
18. Funeral director	tenn	Mo	n Tolen	Meens of Injury	Injured at work?	
P	ennington	SON		1.3 (b	0001.	us.
Address Ha	vre de Gra	ce, Md.	1	23. SIGNATURE		
	21 . 4	cata.	na E Sunghok	A P BROTTING PR V T		
Date rec'd by re	2/ 19 4. egistrar)	g Karbah	Hegistray	Address VAH, Perry Point	Date signed	7-20-48



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2411 N. Charles St., Baltimore

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07157

CERTIFICATE OF DEATH

Diat. No. 90

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Staham Brown: 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Malo White Married	3. (b) Social Security Number MEDICAL CERTIFICATION 2D, DATE OF DEATH. 3. (b) Social Security Number
6.(b) Name of husband or wife Margaret M. Bisuring 6.(c) If alive, give age years 7. Sirih date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7.4 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47 to 19.48 and that I last saw harmalive on 19.48 Immediate cause of death Courses DURATION 2 hours
9. Birihplace	Due to arterio-pelerosis - 20 yes
12. Name Jahn Besum 11. 13. Birthplace Pa. 14. Maiden name Mantha to copic 15. Birthplace 6 ngland	Other conditions Caracter 3 (Include pregnancy within 3 ml jths of death) Major findings of operations. Date of op.
Address Cutal Gaslerile MA 17 (Burial, cremation, or removed Which?) (Burial, cremation, or removed Which?)	Antopsy results
Location	(City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)
19. July 5 1948 Polymer Stages of St	23. SIGNATURE (M.D. or other M.D. or other Address Date signed 7-5-48

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE

MEL C. THE

RECEIVED

JUL 7 1948
BUREAU V. 8.

BINDING

MARGIN RESERVED FOR

07158

		ATE OF DEATH	Reg. Diat. No. 96
1. PLACE OF DEATH: County	POINT, MARYIAND aits, write RURAL and give nearest town) days eath occurred: at, Md.	2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother State	EASED:) Warren RURAL and give nestest town) Chimney Field TION)
	ANKLIN CAMERON		(b) Social Security Number
4. Sex 5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTI	19 48 at 1:50
7 Blab dolo of	a Cameron s.(c) If alive, give ageye per 2, 1894	21. I CERTIFY that death occurred on the date above state July 2 and that I last saw h im alive on Jul Immediate cause of death	y 16 19 4
8. AGE: Years Months 7	Dayo If less than one day	Failure of medullary ce	
		Due to Thrombosis Due to Aneurysm of posterio cerebellar artery, right Diher conditions	r inferior
14. Maiden name Bertha) 15. Birthplace Page Co	Mollie ,, Virginia	(Include pregnancy within 3 months Major Sindings of corrections Angurysm a Postery of inferior cereb artery, right Autopsy results No autopsy	nd thrombosis of ellar 7/15/48
removal (Burial, cremation, or removal, Which?) Cemetery or crematory	Records ry Point, Maryland Oate thereof (month) (day) (year) oyal, Virginia	Autopsy results	ath should be charged statistically. I in the following: Date of (County) (State)
16. Funeral director Century Address Havre de Grace	gtud On	Mesne of injury 23 SIGNATURE A. E. TROLLINGER	Injured at work? LLL M.D., Chf. Prof. Ser M. D. or other

alaton, rul,

07159

CERTIFICAT	E OF DEATH Reg. Dist. No9
1. PLACE OF DEATH: Bull	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Mil County County
City or town(If outside city or town limits, write RURAL and give nearest town)	Oll to Tool
	(If outside city or town limits, write RURAL and give nearest town)
How tong in above place of death?	- (' / / / /-
Itospilal destitution, or street address where death occurred:	Street No. 308 7. ST
from Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Morgaet P. Clark.	3. (b) Social Security Number
4. Sex 5. Coloffor race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
3 10 11.1	1 0
o. wn. wranved	20. DATE OF DEATH. July 27 19.48 at
land O Clark	21. I CERTIFY that death occurred on the data above stated: that I nitended deceased from
6.(b) Name of husband or wife.	Ame 12 198 10 July 27 1198
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) R ACF. Years Months Days If leas than ono day	Immediate cause of death DURATION
8. AGE: Years Months Days If leas than ono day	8 Mensina Broucho 8
9/ 2/ 1hrsmtn.	11 31 45,
solf 200	Result Fullus
9. Birihplace (Town, county, and state)	Bue to.
10. Usual, occupation	Oue to Mulonepuils
11. Industry or business	
	Land Land
12. Name	Other conditions
12. Name Muchael Carr 13. Birthplace Elfelon Ind	(Include pregnancy within 3 months of death)
W Van Pattern	(Include pregnancy within 3 months of death)
14. Malden, name. 1. Many fatterson	Major findings of operations.
15. Birthotace 46 Sul	Date of op.
01006	
16. informant	Autopsy results
Address Elector his	
B . 0 1 0 1 1 1	22. VIOLENCE: tf death was due to external causes, till in the following:
(Burial, cromation, or removal. Which?) Date thereof (month) (day) (year)	Accident, autoide, or homicide
(Buriai, cromation, or removal. Which (Gay) (year)	
Cemetery or crematory	Where did injury occur?
Location Elleton land	Injured at homo, farm, industry, public ptace (where?)
14 10,1	Meens of injury injured at work?
18. Funeral director.	11 1000 100
Address Elkton, her	23. SIGNATURED WELL A- Wachsmen " of
Sula 30 de FRANCIO	M, D, or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address 202 F. Man T Date signed Miles 30,9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

orrect age

VS A15



AUG 3 1948

BULLEAU V. S.

2411 N. Charles St., Baltimore

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	P. K		P 1	UΔ		1 3 12 /	A -

0716()

Reg. Diat. No. 97

/ CERTIFICATION	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED (For new for) infants give residence of mother) State County County
How long In above place of death?	City or town
How long In hospital or Institution?	2.(a) If veteran, name war
	bbage. 3. (b) Social Security Number
4. Sex) 5. Color or race 6.(a) Single, married, widowed or divorced Out of the sex of t	MEDICAL CERTIFICATION 20. DATE OF DEATH. SUBJECT 1948 at 110 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) Seb 27 /922	and that f last saw halive on
8. AGE: Years Months Days If less than one day 15	Immediair cope of death DURATION
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name Joyn - Cubbage.	Dither conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Tollier Pincery 15. Birthplace Alle Rele	Major findings of operations. Date of op.
18. Informant Chica Brown	Antopsy results
17. (Burial, cremation, or removal. Watch?) Date thereof. (month) (day) (year)	(22. VIOLENCE: If death was dien to external causes fill in the following; Accident, suicide, or homioway before the company of the company
Cemetery or crematory Whatcoat auctory	Where did Injury occur? (City or town) (County) (State)
18. Funeral director.	Injured at home farm, Industry, public place (where?) Means of injurit Conference Injured at work?
Address Elklow Mod	23. SIGNATURA CONOCINON ROCCII COUNTY
19 July 12 19 48 IN June 19 19 19 19 19 19 19 19 19 19 19 19 19	Manager wall M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A16 9.45.15N

JUL 13 1948
BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

129

07161

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF D	OTTO TT			2. USUAL RESIDENCE (HOME)	F DECEASED:	
County CECIL			324 7777 4 3777	(For newborn infants give residence of mother)		
Cily or town (If outside city or town limits, write RURAL and give nearest town)			, MARYLAND		unty	***************************************
How long to above als	ace of death?	days	ROUAL and give nearest town)	City or town Baltimore	ts, write RURAL and give ne	J*************************************
I nospilal, institution,	or gileer anniege milete	death occurre	ed:	124 S. Jasper S		arest town)
VAH,	Perry Poir	nt, Mar	yland	Silest Mu		
How long in hospilal	or Institution? San	ne as a	bove	2.(a) If veteran, name war. World	War 1	/
3. (a) FULL NA	ME			3. (b) Social Security Num		
	RALPH I	OORAM			J. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	Negro		Married			7.20 5
	, –			20. DATE DF DEATH July 30th	19 48	, at 1:30 P
6.(b) Name of husba	nd or wife Ida	a Doram		21. I CERTIFY that death occurred on the date ab		
		6.0	(c) If alive, give ageyears	July 8	40 fo July 20	19. 40
7. Birth date of deceased (mo., day	July 3	17, 189	95	and that I last saw h. imallye on	July 30th	19Ad
	ars Months	Days	If less than one day	Immediate cause of death		. DURATION
53	0	13	hrs. min.	Pneumonia, Bronchial	hilatama?	70 h
-			1			72 hour
9. Birthplace	(Town	county, and	Annes, Md.	Due to Peritonitis, diffuse 2		2 days
1D. Usual occupation	linemy	oloyed		Concrete of Management	A	
	h	W		Due to Gangrene of Mesen	tery,	Unknown
11. Industry or busin				cause undetermined	***************************************	
12. Name				Dther conditions Arterioscler	osis,	Unknown
₹ 13. Birthplace	Unknown			generalized		
Maiden nom	. Unknown			(Include pregnancy within 3	months of death)	1
10				Major findings of operations		1 * * * * * * * * * * * * * * * * * * *
- tot Britishad	Unknown				Date of op	
16. Informanl	Hospital	Record	\$1	Autopsy results. Same as abov	e	************
Address	VAH. Peri	w Poin	t, Maryland	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
				22. VIOLENCE: If death was due to external cau	ises, fill in the following;	
17 Remov	A.L. on, or removal, Which?	Date ther	8/2/48 (month) (day) (Year)	Accident, suicide, or homicide	Date of	
Cemetery or crema	1 1		Dalteriary Tall	Where did Injury occur?(City or town)		
Cemetery or crem	100		11/11/2 11/11/2			
Location	1/100	Line	s Hurnay	Injured at home, farm, Industry, public plage (w	here?)	
1B. Funeral director	ADOLPHUS	HALSTE	AD/ Y	Means of Injury	Injured at work?	
918	Druid Hill	Ave. B	altimore, Md.	11.5 Le	alle	M
				23. SIGNATURE A.E. TROLLING	ER.M.D. Chf.Pr	of Serv.
19. aug	2 19 48	- See	ne & Dunghester	WAH. Perry Point.	M, D.	of other
(5) 1111				THE COLLY COLLINS	IVI NA A	U/ 6/ HU



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MARYLAND STATE DEPARTMENT OF HEALTH

Registrar

2411 N. Charles St., Baltimore

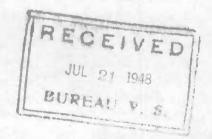
07162

M. D. or other

CERTIFICATE

OF DEATH	Reg. Diat. No. 92
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED: of mother) County
City or town (11 outside city or town lir	nits, write RURAL and give nearest town)
Street No(If rural, g	rive LOCATION)
2.(a) If veteran, name war	
Pontaine	3. (b) Social Security Number 215-10-4795
20, DATE OF DEATH	CERTIFICATION 30
21. I CERTIFY that death occurred on the date	19
and that I last saw halive on	.19
mmediaic cause of death.	2000 DURATION
Due to.	Se /
Due to	
Other conditions	
(include pregnancy within	3 months of death)
Major findings of operations	
	Date of op
Autopsy results	which death should be charged statistically.
22. VIOLENCE: If death was due to external	causes, fill in the following;
Accident, suicide, or homicide	
Where did injury occur?(City or tow	m) (County) (State)
Injured at home, farm, Industry, public place	
Meens of injury	Injured at work?
1000 Dares	Medical Examine

orrect. 1. PLACE OF DEATH ADING INK. Supply every item of information carefully. The ϕ Physicians: please write the causes of death clearly and legibly. County City or town How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or Institution?. 3. (a) FULL NAME 5. Color or race 7. Birth date of deceased (mo., day, yr.) Days If less than one day Years Months 8. AGE: 10. Usual occupation WITH UNF 13. Birthplao SE WRITE PLAINLY, 16. Informant Address (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director PLEA Address (Date rec'd by registrat



WRITE

PLEASE

FOR BINDING

ARGIN RESERVED

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07163

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF D	CECI			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or fown				state Maryland cour			
				City or town			
How long in hospital or institution? Same as above 3. (a) FULL NAME				3. (b) Social Security Number			
3. (a) FULL NAI		ATD T C	ATTTAT		3. (0) Social Security	Number	
		ND J. G					
4. Sex	5. Color or race	B.(a)Sing	e, married, widowed, or divorced		ERTIFICATION		
Male	White	Di	vorced	2D. DATE OF DEATH July 27th	n 19 48	,at 12:05	
6.(b) Name of husbar	nd or wite			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
			c) If alive, give ageyears	September 29	10 to JULY 2/T	Л1940.	
7. Birth date of	Tom			and that I last saw h im alive on July 27th 19 48			
deceased (mo., da)		uary 15	1 If less than one day	Immediate cause of death		DURATION	
o. AGE.	ars Months	Days		Electrocution			
3	1 6	12	hrs. min.				
9. Birthplace	Baltimore	, Maryl	and	Oue to		***************************************	
5. Gil (inpraeo	(Town	, county, and	state)				
10. Usual occupation	Snipya	rd Work	er.	Due to			
11. Industry or busin	iess						
E 12 Name	Joseph Ma	artin G	avin	Other conditions			
El	Baltimore			State conditions			
				(Include pregnancy within 8 n	nonths of death)		
14. Maiden nam			шот	Major findings of operations			
15. Birthplace	German	ly					
16. Intermant	Hospital :	Records		Antopsy results. Confirms above			
		••••		PHYSICIAN: Please underline the cause to wh	ich death sbould be charged	statistically.	
Address	VAH, Perr		7/28/48	22, VIOLENCE: It death was due to external cau	ses, fill in the tollowing;		
17 Remo	val on, or removal, Which	Date the	(/20/40 (month) (day) (year)	Accident suicide or homicide Accident Date of 7/27/48			
				Where did lakery accur? VA Hospita	al, Perry Poin	t, Md.	
Cemetery or crematory				Where did Injury occur? VA Hospital, Perry Point, Md. (City or town) (County) (State)			
Location	Unknow	0 6	SON	Injured at home, farm, industry, public place (where?) VA Hospital			
	E I FAN	NING &	SON	Mesns of Hajury Electricity	Injured at work? Y	es	
				(11)000 - 1.	MIX DOSIG	el Exeminer	
Address Laf	ayette & W	ashingt	on Baltimore, Md.	23 VOLUNE COCCO	U MULTIC	esil County	
In July -	78 18 4	F -)	and & Danslad	Rising Sun, Mary	M. D.	7/27/1.Q	
Date rec'd by	registrar)	7	Registrar	Address Rising Sun, Mary.	Lario Date signed	1/21/40	



Non sollowells ..

CERTIFICATE OF DEATH

Reg. Diat. No.

	•		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cecil	State Maryland County Cecil		
City or town. (If outside city or town limits, write RURAL and give nearest town)			
bw long in above place of death?	City or town Elk Mills (If outside city or town limits, write RURAL and give nearest town)		
Hospital, instillution, or street address where death occurred:	Street No.		
Union Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 1 day	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Baby Girl Hubbert			
4. Sax 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH July 15 18 48 at 4 A M		
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
6.(b) Name of husband or wife	July 13 1348 10 July 15-148		
S.(c) If alive, give ageyears	and that I last saw har alive on buly 1st 18 48		
deceased (mo., day, yr.) July 13, 1948	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Conquited debiliti-		
1min.			
9. Birthplace Elkton Cecil Maryland	Due to Cremative delivery		
(Town, county, and state)	(6 1/2 mor gestation)		
10. Usual occupation.	Bue to.		
11. Industry or business			
質 12. Name Edward Carr Hubbert	Other conditions.		
Edward Carr Hubbert 13. 8irthplace Elk Mills, Maryland	·		
	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
Elkton, Maryland			
18. intermant Charonal Corn Hubbert	Autopsy results.		
Address Elk mills mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
B: 1 July 15 48	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide		
Cemetery or crematary Cherry Hill, Maryland	Where did Injury occur?		
Location Cherry Hill mil	Injured at home, farm, industry, public place (where?)		
18. Funeral director Henry Pippin	Means of injury injured at work?		
Address Elkton, Maryland	Al la 18.1- 2 D.		
Ord 1- 10 Fletrer	23. SIGNATURE M. D. or other		
(Date recki by registrar) (Registrar	Address Peklon had Bate signed 7/11/48		

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and H MARGIN RESERVED FOR BINDING

JUL 20 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mary Jean Hug	hes 3. (b) Social Security Number
4. Sox 3. Color or sice, 3. (a) Single, married, widowed, for divorced 3. Sox	MEDICAL CERTIFICATION Ouly 9 19 48 21 14 7 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wifeLlarge Bond Hughes 6.(c) If allve, give age years	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of	and that I tast saw hard alive on 19
deceased (mo., day, yr.) Elecenter 3, 18/3	Immediate cause of death
8. AGE: Years Months Days If less than one day	acute audice dilatation
9. Birthplace	Bue to Carais rend Caranlan
	Due to
11. Industry or business 12. Name 13. Birthplace Constant	Biher conditions Diobela - mellitus
14. Maiden name Duke 15. Birthplace Oreland	. (Include pregnancy within 3 months of death) . Major findings of operations.
≥ 15. Birthplace	Bate of op.
16. informant Jones W. Hughes (An)	Autopsy results
17 Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Inter Wishington W.C.	tojured at home, farm, industry, public place (where?)
Location - Location	Meens of Injury Injured at work?
18. Funeral director & Walter Francisco (F. S. Est. 2nd.	11/2 1 + 2 A
Address 75 7 F Man It Certion	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address. CERTON had Bate signed 19149

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9.45-15

A15

SA

JUL 13 1948

2411 N. Charles St., Baltimore

07166

CERTIFICATE OF DEATH

/			
1. PLACE OF DEATH: County Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For resolver infants give residence of mother) Cecil		
City or town Principio Furnace (If outside city or town limits, write RURAL and give near-st town) How long in above place of death? Hospital, instilution, or street address where death occurred:	State Maryland County Cecil City or town Principio Furnace (If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or Institution?.	Street No		
3. (a) FULL NAME	3. (b) Social Security Number		
Deborah Amelia Jackson			
4 Sex 5. Color or race 6.(a)Singls, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH. July 3 1 19.48 at 4 a		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
7. Birth date of Oct. D.S. 3.069	and that t last plan h 1 laive on July 3 19 48		
deceased (mo., day, yr.) Oct. 22, 1862 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
85 9 22	alera mount		
9. Birthplace Principio Furnace, Cecil, Md. (Town, county, and state) Teacher	Due to General atterments 10 yrs		
t1. Industry or business Music			
12. Name Alexander Jackson Gecil Co., Md.			
14. Malden name Mary Ann Burraughs 15. Birthplace Cecil Co., Md.	(Include pregnancy within 3 months of death) Major findings of operations.		
XI 15. Birthplace			
16. Informant Walter Simmons	Autopsy results		
Burial Date thereof Aug. 2, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory St Marks	Where did Injusy occur? (City or town) (County) (State)		
Location Perryville, Md. Rural	tnjured at home, tarm, industry, public place (where?)		
18 Funeral direct les a. Vatterson & Son			
Address Perryville, Md.	23. SIGNATURE J. F. Magraco		
19. July 31 19 48 France E. Alangha Begintra	1 (Mass 'll mld. 1/31/48		

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PLEASE WRITE



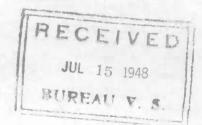
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 07167

Reg. Dist. No....

11		
	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
	(If outside city of town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside eity or town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No(If rural, give LOCATION)
l	How long in hospital or institution?	2.(a) If veteran, name war
1	3. (a) FULL NAME?	3. (b) Social Security Number
	Grace Lillian &	onla.
	4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ı	Of Jule maior	20. DATE OF DEATH. 20 18 48 21 1 0 1 M
	6.(b) Name of husband or whom. Edward Jones.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6,(c) If alive, give ageyears	
	7. Birth date of deceased (mo., day, yr.) Dec 14 /878	and that I last saw h
	8. AGE: Years Months Days If less than one day	Immedia crause of death DURATION
	69 6 27nrsmin.	Allrous
	9. Birthplace	Due to
	10. Usual occupation Annual Supplementation	Due to
1	11. Industry or business	
	12. Name 12.	Other conditions
		(Include pregnancy within 3 months of death)
١	14. Maiden name No information	Major findings of operations
	21 15. Birthplace	Date of op.
	16. Informant	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Address & We are grace May 15, 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
I	(Burial, cremation, or removal. Which?) (postth) (day) (year)	Accident, suicide, or homicide
ı	Cemelery or crematory. Addungs	Where did Injury occur?
	Location Part We fromit, Mid Unral	Injured at home, farm, industry, public place (where?)
	18. Funeral director & le a Catters on 9.800	Meens of Injury Injured at work?
1	Address Perryville, and.	20 John Cecil County
	19. John 19 45 Drue E. Danshah	Maring Sun Ind Bate close 7-13-48



correct age

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

		6
		92
 Diet	NI-	1 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Gounty	(For newborn infants give residence of mother)
City or town. Elhan	Siate County County
(If outside city or town limits, write BURAL and give nearest town)	City or town. (If outside city or town limits write EURAL and give nearest town)
low long in above place of dealh?	(If outside city of town limits write RCRAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No.
2 4/2	(If rund), give LOCATION)
Hew long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Royals ones	3. (b) Social Security Number
4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
AA 1. 1. + 0. 1	
Male while single	20. DATE OF DEATH 21 4 /
0	21. I CERTIFY that death occurred on the date doore stated; that I aftended daceased from
6,(b) Name of husband or wite	July 10 19 48 10 Arly 10 19 1
7. Birth date of	
deceased (mo., day, yr.) — why 10, 1948	Immediate cause of death
8. AGE: Years Months Days It tess than one day	Immediate cause of death
3 hrs. 30 ml	In. remeluity
colt. Coilct 16.0	Pue to.
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name. Let the land	Other conditions
3. Birthplace Elhum Wylaw	
E. 13. Diringiace	
# Hatte Anderson	(Include pregnancy within 3 months of death)
14. Maiden name. Hatte Anderson	(Include pregnancy within 3 months of death) Major findings of operations.
# Halle Anderson	
14. Maiden name. Halte Anderson 15. Birthplace Fox Virginia	Major findings of operations. Date of op.
14. Maiden name. Hatte Ansersh. 15. Birthplace Fox Virginia 16. Informant. Mrs. Hatte	Major fiadings of operations
14. Maiden name. Halte Anderson 15. Birthplace Fox Virginia	Major findings of operations. Date of op.
14. Maiden name. Haltie Andersn. 15. Birthplace F. V. Virginia. 16. Informant. Mrs. Haltie Mes. Address Ellitar, MO2 Md.	Major fiadings of operations
14. Maiden name. Italie Indexen 15. Birthplace F V Vigini 16. Informant. Mrs. Hatte Address Flatte, MO 2 Md. 17. Bariel Date thereof July 8 /948 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Major findings of operations
14. Maiden name. Haltie Anderson 15. Birthplace F vt Virginia 16. Informant. Mrs. Haltie Andress Eldter, AD 2 Md.	Major findings of operations
14. Maiden name. Haltie Anderson 15. Informant. Mrs. Haltie Address Elbtw, MO2 Md. 17. Buil (Burial, cremation, or removal, Which?) Cemetery or crematory. Elbtw. In al	Major findings of operations
16. Informant. Ars. Hattie Anderson 18. Informant. Ars. Hattie Address Ellity, AO2 Ud. 17. Braise (Burial, cremation, or removal, Which?) Cemetery or crematory. Ellits. Location Elkton 2. A. P. C. A. S. P. S. P. A. S. P. S. P. A. S. P. P. A. S. P. S. P. S. P. A. S. P.	Major findings of operations
14. Maiden name. 15. Birthplace 16. Informant. Address 17. Burisl (Burial, cremation, or removal, Which?) Cemetery or crematory. Elkton Address The state of the sta	Major findings of operations
16. Informant. Ars. Hattie Anderson 18. Informant. Ars. Hattie Address Ellity, AO2 Ud. 17. Braise (Burial, cremation, or removal, Which?) Cemetery or crematory. Ellits. Location Elkton 2. A. P. C. A. S. P. S. P. A. S. P. S. P. A. S. P. P. A. S. P. S. P. S. P. A. S. P.	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
14. Maiden name. Haltie Anders 15. Brithplace F. V. Liegiri. 18. Informant. Mrs. Haltie Mo. 2 Md. Address Ellin, Mo. 2 Md. 17. Barial (Burial, cremation, or removal. Which?) Gemetery or crematory. Elling Mrs. Mo. (month) (day) (year) Location. Elling Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.	Major findings of operations

JUL 13 1948

2411 N. Charles St., Baltimore

0716

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Cecil	State Maryland County St. Marys			
City or town Parry Point, Maryland (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	City or town			
Hospital, tostitution, or street address where death occurred:	Street No.			
VA Hospital, Perry Point, Maryland	(If rural, give LOCATION) 2.(a) It veteran, name war			
How long in hospital or institution? 1 yr. 1 day				
3. (a) FULL NAME	3. (b) Social Security Number			
JONES, WILLIAM AUGUSTUS	Unknown			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male Negro Single	20. DATE DF DEATHJuly 4th. 19.48			
S.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(c) It alive, give ageyears	June 11, 19 48 to July 4, 19 48			
7 Dieth data at	and that I tast saw h. im. alive on July 4, 19 48			
deceased (mo., day, yr.) August 10, 1896 S ACE: Years Months Days if less than one day	Immediate cause of death			
8. AGE: Years Months Days If less than one day 51 10 24	Pneumonia, bronchial, bilateral 72 hrs.			
9. BirthplaceWashington, D.C. (Town, county, and state)	Due to Abscess, pyogenic, right Unknown			
	upper lobe			
10. Usual occupation Truck Driver	Due to			
11. industry or business				
置 12. Hame. Unknown	Dither conditions			
H 12. Hame				
	(Include pregnancy within 3 months of death)			
14. Malden name	Major findings of operations			
2 15. Birthplace Unknown				
16. Informant Hospital Records	Autopsy results			
Address VA Hospital, Perry Point, Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing;			
17 Removal Date thereot 7 7 Y8 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Arlington National Cemetery	Whera did injury occur?			
Location Fort Myer, Virginia	tnjured at home, farm, Industry, public place (where?)			
(12 martin 6 alm	Means of Injury Injured at work?			
18. Funeral director PENNINGTON & SON	17/14000			
PENNINGTON & SON Address Havre de Grace, Md.	23. SIGNATURE 2 ROLLINGS			
10 July 7 10 48 Frence E. Daushah	A.E. TROLLINGER, M.D., Chief, Professioned			
19. July 7 19 48 France & Manshesh Registra	Address py A Hopaital Service Date signed 48			

S BINDING

(I) MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WRITE

PLEASE

JUL 9 1948
BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07170

CER	TI	FI	CA	TF	OF	DEA	TH
		T. T.		1 1	OI.		

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	(mod Voice)
City or town	relation.
How long in above place of death? Neental Institution, or street address where death occurred:	City or town
Hospital, Institution, or street address where death occurred:	Street No Singley Word-
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Slierley aux	1 / List 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
or Kute Sente	20 DATE OF DEATH JULY 25 19 48 1 44.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
6.(c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) Afril 8 1948.	and fhaf f last saw halive on
8. AGE: Years Months Days If less than one day	Immediai cany ni death DURATION
3 /7hrsmin.	Juste 7 mo.
Ellata and.	11 A.O. and level
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation. Cluded	
11, industry or business	Due fo
12. Name Child Mane 12. Name No. 12. Name No	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name.	Major findings of operations.
15. Birthplace Demical M. C.	- Date of op.
and alkest list.	Aolopsy results
16. Informant	PHYSICIAN: Pfease underline the cause to which death shaufd he charged statistically.
Address The Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date shereof (mogth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location Charles The Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Hartsburge	Means of fejury Injured at work?
Albett Ind	
Address Cinnon, Price	- 24/siturded Wood County Mar Cocil County
19. July 19.48 Th July 19.48 (Date rec'd by registrar) Registrar	1 (18 18 9 Sun hel) 7/25-116
(Date rec'd by registrar) Registrar	Address Date signed

JUL 27 1948

PLEASE WRITE

VS A15

ly. The correct age I legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

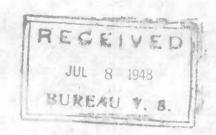
7

CERTIFICATE OF DEATH

Par Dist No

96

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED:		
County				***************************************	(For newborn infants give residence of mother) State Maryland County Cecil		
				URAL and give nearest town)			
				COUNTY and give nearest towny	City or town Part Deposit. (If outside city or town limits, write RURAL and give nearest town)		
Hospitat, Institut	tion, or str	eet address where	death occurred	t:	Street No.		
				•••••	(If rural, give LOCATION)		
How long in hos	pital or in	stitulion?		***************************************	2.(a) If veteran, name war		
3. (a) FULL	NAME				3. (b) Social Security	Number	
S	STEPI	EN DAN	IEL LA	MM			
4. Sex	5	. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	2	
Male		White		Married	20. DATE OF DEATH TILLY 3 19 4	8. 11. P	
6.(b) Name of h	usband or	wife Mar	y A. I	Jamm	21. I CERTIFY that death occurred on the date above stated; that Lattended dec	eased from 4	
0.0000000000000000000000000000000000000			6.(c) If alive, give age	35 1 27 12 10 rele	1 4-8	
7. Birth date of deceased (mo	day. yr.)	Octobe:	r 6. 1	L878	and that I last saw h. Manualive on	DURATION	
8. AGE:	Years	Months	Days	tf less than one day	Immediate cause of death	BUNATION	
	69	8	27	hrsmin.	Chronic Phermatian	by	
0 Bi-thelese	Po	rt Deno	sit.	Cecil.Co., Md.	Due to.		
9. Birthplace		(Town,	eounty, and	itate)		*** 20000000000000000000000000000000000	
10. Usuat occup	pation	Mail	Clerk	***************************************	Oue 10		
11 Industry or	husiness	Penn. R	ailros	ad Mail Service	V.A.		
12. Name	Jo	hn L. L	amm		Other conditions Orteres Occors	104	
13. Birthpla	Po:	rt Depo	sit, N	Maryland		0	
					(Include pregnancy within 3 months of death)		
HIO 14. Maiden	name	a++inah	om De	rrison ennsyl v ania	Major findings of operations		
≥ 15. Birthpla	ace IV	OCCINEI	alli, It	Simayivamia			
16. Informant	Ma:	ry A. L	amm		Antopsy results	d statistically.	
Address	Po:	rt Depo	sit, 1	Maryland			
17 E	Buria	al	Date ther	July 7, 1948	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Burial Date thereof July 7, 1948 [Burial, cremation, or removal, Which?] [month] (day) (year)				(month) (day) (year)			
Cemetery or crematory Hopewell Cemetery					Where did Injury occur? (City or town) (County) (State)		
Location	Por	t Denos	it, R	D. Maryland	Injured al home, farm, Industry, public place (where?)	•••••	
40 Eurosof di-	La	allar	Texas	ne & for	Meens of Injury Injured at work?	0.	
Address Politivella Mary Land					A4/d-	71.1	
Address	ere	greek	in	ry earl	23. SIGNATURE O. J. J. T. TOON	or other	
19. Inl	4/	7 1948	Jas	le E. Dunghal	Bot to land that	7/6/45	
(Date rec'e	d by regis	trar)		Registrar	Address Date signed		



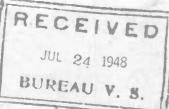
CERTIFICATE OF DEATH

/			
1. PLACE OF DEATH: County Cecil Filton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Maryland State County County		
City or town	City or town North East (If outside city or town limits, write RURAL and give nearest town)		
Union Hospital	Street No		
How long to hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Single	MEDICAL CERTIFICATION 20. DATE OF BEATH. Suly 7 3 19 4 3 at		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Sirth date of deceased (mo., day, yr.) July 22, 1948	and that last saw h		
8. AGE: Years Months Bays If less than one day 7 hrs. 29 min	Immediate gause of death Third		
s. 6irthplace Elkton, Cecil, Maryland (Town, county, and state) 10. Usual occupation	Bue to		
11. Industry or business 12. Name. William Rodney Lewis 13. SirthplaceCherry Hill, Md.	Other conditions Europeum Declin		
14. Maiden name Beatrice May Reynolds 15. 3irthplace North East, Md.	(Include pregnancy within 8 months of death) Major findings of operations.		
16. Informant Mr. Rodiners Lawren	Autopsy results		
17. Bate thereof 22. (Burlat, cremation, or removal Which?) (Burlat, cremation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide		
Completely or crematory.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)		
18. Funeral director H. W. Pippin & Son Address Elkton, Md. 3. Markey	Means of Injury Injured at work?		
18 July 73 19 48 FR Frager (Date reeds by registrar) (Registra	23. SIGNATURE M. D. of other ar Address Will July Date signed of 4,933		

e correct age

MARGIN RESERVED FOR BINDING

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age

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

2411 N. Charles St., Baltimore

07173

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Court Co.	Cha D I Oa D Par
City or town	State Land, County
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Ella W. Seddell	3. (b) Social Security Number
4. Sex 5. Color or rage 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale while widowel	20. DATE DE DEATH JULY 25 19 45 21 / 33
6. (b) Name of husband or wife Llarge Seddell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 6. (c) If allve, give age year	and that I last saw h. * - alive on . J
deceased (mo., day, yr.) () () () () () () () () () (Immediais cause of death DURATI
(6 2 10	("cn. bnu //02cula- 3mont
68 8 1/2mlrsmlr	
9. Birthplace (Town, county, and state)	
	Vas 00/2 Dis. acc
10. Usual occupation. Ay. amadum	Due to
11. Industry or business	_
# 12. Name A A A A A A A A A A A A A A A A A A A	Other conditions
13. Birthplace bely Trove Md.	(Include pregnancy within 8 months of death)
# 14. Maiden name Cly tabelly paneraff	Major findings of operations
14. Maiden name Clintalette Bancroff 15. Birthplace Phila. Pa	Major indings of operations. Date of op.
min Come a la	Aptopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address fresh Strove Ma.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burlal, cremation, or respoyal, Which?) (Burlal, cremation, or respoyal, Which?)	Accident, suicide, or homicide
to about a del	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location at Deposit Md,	Injured at home, farm, Industry, public place (where?)
18. Funeral director. L. E. Tysen.	Means of Injury Injured at work?
TO. FUNCTED UNCOUNT	

JUL 28 1948

RUPEAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

19/0

CERTIFICATE OF DEATH

Reg. Diat. No. 92

,	Act, District
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	County City or town (If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution? 2 days	2.(a) If veteran, name war
3.(a) FULL NAME Julie Lun	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced morried	MEDICAL CERTIFICATION 20. DATE DE DEATH July 19 19 19 8 21 5 P.
6.(b) Name of husband or wife Mile Leave	21. I CERTIFY that death occurred of the date above stated; that I affended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days I fless than one day	Immediato cause of death Solution The solution of the soluti
5354 11 27hrsmin.	Due to Chronic Intentific
10. Usual occupation. House (Town, Sounty, and state)	Due to Hyperta
11. Industry or business 12. Name Charles Weekke 13. Birthplace Nans York	Other conditions Outain Schami
13. Birthplace Read york 14. Maiden name Early 15. Birthplace ?	(Include pregnancy within 3 months of death) Major findings of operations.
mill. T	Autony results
Address Worth East RD2 Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Data thereof (month) (dey) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location	Means of injury injured et work?
18. Funeral director	Alechardole In A.
19. July 22 19 Hy Ilazer (Dato rec'd by registrar) (Registrar)	23. SIGNATURE M. D. or other Address Septon had Date signed 11.9.14.8.



MARYLAND STATE DEPARTMENT OF HEALTH

07175

		96
Dist	No	-753

	4	TE OF DEATH	07175		
	CERTIFICA		Reg. Dist. No. 96		
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF	F DECEASED: mother)		
	N.a.	State Virginia Cour	Arlington		
	its, write RURAL and give nearest town)	Avil ington			
How long in above place of death?	daysath occurred:				
VA Hospital, Perry I	Point, Md.	(If rural, give	Street No. 4203 N. Pershing Drive, Apt. #1		
How long in hospital or Institution?	me as above	2.(a) If veteran, name war			
3. (a) FULL NAME			3. (b) Social Security Number		
McBRIDE, Daniel	D.		376_05_0519		
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
male white	Married	20. DATE OF DEATH July 6,	is 48 at 8:20 1		
7. Birth date of	ta Bernice McBride	June 17. 18.4	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, yr.) UCT. L. 8. AGE: Years Months	Bays If less than one day	General Paralysis of	the Insane Over 20		
50 8	25hrsmin.		Yks		
9. Birthplace Kansas City (Town, co	Missouri	Bue fo	Unknow		
10. Usual occupation Automod					
	W.A. I. B D. D.A Y. A. W. D. W. D. L	Dus to			
1f. Industry or business		2 D-3141	1 -64 1-1 3		
12. Name Unknown Unknown Unknown		Ditar conditions 1. Pyelitis, left kidney; 2. Cystitis: 3. Adenoma, small, right (Include pregnancy within 3 months of death kidney Major fiediags of operations. Date of op.			
E 13. Birthplace Olik 110 Wit					
10	wn				
	ecords	Actopsy results			
Address VA Hospital,	Perry Point, Md.		22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Removal (Burial, cremation, or removal. Which?)	Date thereof July 7, 1948 (month) (day) (year)	Accident, suicide, or homicide			
Complement of complement Arling	ton National Cemetery	Whare did injury occur? (City or town) (County) (State)			
		Injured at home, farm, industry, public place (wi			
Location Fort Myer,	virginia 7/2/	Means of Injury	injured at work?		
18. Funeral director.	TO HOLE	(. 0 // -			
Address 2847 Wilson Blv	d.,Arlington, Va.	28. SIGNATURE . G. LEG	Elleugy,		
		A W TOPOTITIONED M TO	Chief, Profesatohal Sv		
Date rec's by registrar)	Rogistra Rogistra	Address VAH, Perry Point,	.Md		

MARGIN RESERVED FOR BINDING

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Duration corrected 1/30/48, letter from Perry Pt. Hosp. AS



MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07176

CERTIFICATE OF DEATH

96 Reg. Dist. No.....

1. PLACE OF DEATH: County	City or town		
How long in above place of death? 1 mo. 26 days Hospital, institution, or street address where death occurred: VA Hospital, Perry Point, Md. How long in hospital or institution? Since November 11, 1947			
3.(a) FULL NAME MURPHY, John Jackson			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Negro Widower	20. DATE OF DEATH. July 1, 19 48 at 6:45 P		
6.(b) Name of Justified of wife. Unknown. 6.(c) If alive, give age years 7. Birth date of			
deceased (mo., day, yr.) June 28, 1886			
8. AGE: Years Months Days If less than one day 62 0 3hrsmin.	Pneumonia, bronchial, bilateral 48 hrs.		
9. Birthplace	Due to. Cardiovascular renal disease Unknown Due to.		
12. Name	Other conditionsCoronary arteriosclerosis		
13. Birthplace Unknown H 14. Maiden name Unknown 15. Birthplace Unknown	and generalized arteriosclerosis. Unknown (Include pregnancy within 3 months of death) severe Major fieldings of operations.		
	Date of op.		
16. Informant Hostital Records Address VA Hospital, Perry Point, Md.	Actopsy results		
Removal (Burial, cremation, or removal, Which?) Cemetery or crematory. Arlington National Cemetery. Fort Myer Virginia	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
LUCATION	Meens of Injury Injured at work?		
18. Funeral director PENNINGTON & SON Address Havre de Grace, Md.	1. Z. Kellenger		
10 2 110 - 1 2 1 2 1	A.E. TROLLINGER, M.D., Chief, Professional		

JUL 7 1948

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Va: County Clebeller
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Clienter
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4 C (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Edward graller o'c	aprocess
4. Ser) 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m fame oserred	20. DATE DE DEATH 200 1948 21 130 M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
8 (a) If allow allow area	
T. Birth date of V 1 + 11 1016.	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediaterruse of death DURATION
31 10 19hrs,min.	
Chester Ca.	Que to.
9. Birthplace (Town, equaty, and state)	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Watter afrocks	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Datherine Lycak 15. Birthplace Poland,	Major findings of operations
E 15. Birthplace	Date of op.
16. Interment atterie aproche	Autopsy results.
Address 704 E 8# St. Charles Ra.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Birial Date Thereoffing 4-48	22. VIOLENCE: If death was due to external causes, Ill in the following: Accident, suicide, or hamiltonia.
(Burial, cremation, or removal. Which?) (minth) (day) (year)	Where did Injury occurrence to the ton Vernel Cerial Mag-
Cemetery or crematory	(City or town) (State)
Location Charles Jamos	Injured at home Parm, industric public place (where?) Misens of injury letter Will injured at work?
18. Funeral director	Msens of injute Court / Medical Examin
Address Elkton ned	La lestocison nu for Caril Course
Cur x 1/8 Stares	23. GIGHAURE M. D. or other
(Date rec'd by registrar)	Address Addres

DING

correct age

H MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The control is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15

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AUG 4 1948

BUREAU F. S.

2411 N. Charles St., Baltimore

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TTOTT	FICATE	OFT	TIT' A TILL
.r.K	r I L.A I r	. Ur I	Jr.A I II

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn-infants give residence of mother) State
City or town	City or town (If outside city or town limits, write RURAL and rive nearest town)
Hospital, Institution, or street address where death occurred: How long in hospital or Institution:	Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME marrie marie (2	2 / 2 C : 1C : N 1
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Nucles Wildows.	MEDICAL CERTIFICATION 20. DATE OF OBATH JULY 20 19.44 8, 21. 3 P. M.
6.(b) Name of husband or wife Journal of the Electron 6.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Occambles 24, 1869 8. AGE: Years Months Days It less than one day	Immediate came of death OURATION
78 6 26hrsmin.	Due to.
10. Usual occupation	Due to,
11. Industry or business 12. Name Inthony Court 13. Birthplace Status	Other conditions.
14. Malden name Lucke Archiopali 15. Birthplace Italy	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant My Journ Feterson	Antopsy results
Address Clayon, March 23/48 [Burial, cremation, or remoyal. Which] [Burial, cremation, or remoyal. Which]	22. VIOLENCE: If death was due to external causes, till to the tollowing; Accident, suicide, or homicide
Cemetery or crematory athabas	Where did Injury occur?
18. Funeral director	Means of Tojury Injured at work? (1) (2) (3) (4) (4) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
19, Kuly 19.48 FRJ Registrar (Pate rec'g by registrar) Registrar	Addres/ Lessy Seen M. Date signed - 20 - 4 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

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-	

supplied. 1. PLACE OF DEATH: County _ pe

4. Sex

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

1D. Usual occupation 11. Industry or business 12. Name 13. Birthplace

15. Birthplace

16. Informant

Address

18. Funeral director-Address

(Burial, cremation, or removal, Which

(Date rec'd by registrar)

City or town -

(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) ____ 3. (a) FULL NAME

5. Color or race

Months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

City or town.

(If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR.

2D. DATE DE DEATH

Df autopsy__

6.(a)Single, married idowed, or divorced

tf less than one day

Registrar

If alive, give age

own, county, and state)

CERTIFICATION E.S.T.

3. (b) Social Security Number

PHYSICIAN

Please underline

the cause to which death should be charged statisti-

(State)

DURATION Immediate cause of death

(Include pregnancy within 3 months of death)

Major findings: Of operations.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Where did Injury occur? ...

(City or town) (County) Injured at home, farm, Industry, public place (where?) ...

Injured at work? Means of Injury

information should carefully of death clearly and legibly. BINDING causes Jo item FOR Every ite MARGIN RESERVED UNFADING INK. V, WITH important PLAINLY, especially in PLEASE WRITE correct age is

JUL 10 1948

BUREAU V. S.

e Arest age

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case we seem is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

CERTIFICATE OF DEATH

Reg. Diat. No. 96

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town				State		
Hospital, Institution, or street address where death occurred: WA Hospital, Perry Point, Md. How long in hospital or institution?				Street No. 719 Silver Spring Ave. (If rural, give LOCATION) 2.(a) If veteran, name war. Poace time		
3. (a) FULL NAME SCHAEFFEE		L.			3. (b) Social Security Unknown	Number
	s. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATHJuly 12		
			Schaeffer c) If alive, give ageyears 01	21. I CERTIFY that death occurred on the date abov December 14. 19.4 and that I last saw h 1 alive on Ju	3 to July 12 tly 12.	19 48
8. AGE: Years 47	Months 1	Oays	If less than one dayhrsmin.	Immediate cause of death	ing	6 months
9. BirthpiaceQui			state)	Oue to		
13. Birthplace	enjamin S Bir	chaeff inia	er -deceased	Other conditions		
14. Maiden name		la		Major fiadings of operations	Cate of op	
	Hospital,	Perry	Point, Md.	Autopsy results	ich death should be charged	statistically.
Cemetery or crematory.	Mt. J	ackson	cof July 13, 1948 (month) (day) (yesr)	Accident, suicide, or homicide	(County)	(State)
18 Eugarai director		1	Virginia C	Means of Injury Means of Injury Means of Injury	Injured at work?	us.
19. Date rec'd by regis		0	E De la	A.E. TROLLINGER, M.D.,	Chief Profest	10 hal 7-13-48

JUL 15 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

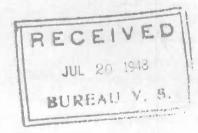
CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County CCC	That I I
City or town	State County County
	(if ontside aity or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. Pol 5 ml
RU5 Clkton,	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Becker Conest)	chirling 1212-22-9093
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. wh married	20, DATE OF DEATH 2 2011 14 19 48 at 15 P N
Doothy Certoude Schiling	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	July 1 1948 to July 14 1948
7. Birth date ot Gears	and that I last saw h Amalive on July 14 19 48
deceased (mo., day, yr.) / 1777. 28 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 /	Immediate cause of death
o. AGE:	01 +1.1.
40 / 17hrsmin.	Pulmmany Whenton 10 years
9. Birthplace (Towp, county, and state)	Due to
the section of	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Slonge Schroling	Other conditions
13. Birthplace Chryman	(Include pregnancy within 3 months of death)
14. Maiden name Minnie Office State	Major findings of operations
\$ 15. Birthplace Termony	Date of op.
18. Informant Glerrata Coffronts	Autopsy results
Address north Eng & mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 1 O. J. 18/48	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Dato thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Elleton Ind	Injured at home, farm, Industry, public place (where?)
M. Dib.	Means of Injury Injured at work?
18. Funeral director	Paul III
Address Clicton, 1999	23. SIGNATURE MAD Lor other
10 July 17 1848 Frager	5012 18. 8. 2/15/
(Date rec's by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The First age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARGIN

Evi	dence	for	corre	ection	
of	birth	date	and	age	
	sh	own	on:		

Cecil

How long in above place of death? 18 days Hospital, Institution, or sireet address where death occurred:

HUM NO. G

1. PLACE OF DEATH:

County.....

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	

U	6	1	82
Reg.	Di	st.	No

3. (b) Social Security Number Unknown

> nat I attended daceased from July 18, 19 48

19 48 at 10:17 AN

19..48 DURATION 30 hrs

Unknown

CERTIFICATE OF	DEATH

2. USUAL	RESIDENCE (HON	1E) OF DECEASED:	
State	D.C.	County	
Cily or town	Washin (If outside city or to	gton vn limits, write RURAL and a	give nearest town)
Streef No	109 K. St	reet, N.W.	
		ral, give LOCATION)	-

MEDICAL CERTIFICATION

3. (a) FULL NA	ME		
STON	. Richard		
4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced
male	Negro	Married	
S.(b) Name of Yusha	he or wife	lie M.	Stone
	*******************************		e) If alive, give ageyea
7. Birth date of deceased (mo., da	y, yr.) Kug./1	5//1892	June 16, 1888
8. AGE: Ye		Days	If less than one day
60 5	5 11/1	3 2	hrsmlr
9. Birthplace	Masena, Ge	orgia	
10. Usual occupatio	D-47-m	ad Labo	H A
11. Industry or busin	ness	.)"	

Unknown

Unknown

Unknown Unknown

Hospital Records

Cemetery or crematory Arlington National Cemetery

Fort Myer, Virginia

117 AUG 27 1948

VA Hospital, Perry Point, Md. How long in hospital or institution? Since June 21, 1948

Perry Point.
(If outside city or town limits, write RURAL and give nearest town)

2D. DATE DF_DEATH	July 18,	19.48
July 1.	occurred on the date above state	, to July 1
and that I last saw h1	m alive on July	18,
	th	
Pneumonia	lobar	
	ovascular rens	l disease
Other conditions 1.	holecystitis,	chronic
2. Artel	ciosclerosis, go	eneralized of death)
Major findings of opera	tions	
		Date of op
Antopsy results PHYSICIAN: Please un	Same as above	ath should be charge
22. VIOLENCE: If deat	h was due to external causes, fill	I in the following;
Accident, suicide, or hon	nloide 	Date of
	(City or town)	

	2
	Major f
	Antopsy
July 22, 1948 (month) (day) (year)	22. VIO

ould be charged statistically.

njured	at home,	farm,	Industry,	public	place	(where?)	
	. 4.1-2			-	1		In Land

Mesns of Injus	у —	- /	 Injured	at work
	-	- //		

Eggistrar Address VAH. Perry Point.

Date rec'd by registrar)

Burial

(Buriai, cremation, or removal. Which?)

13. Birtholace

16. Informant ...

Address

6.

JUL 22 1948

SUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

DURATION 4-5 days

.33 days

CERTIFICATE OF DEATH

	Reg. Diat. No.			
1. PLACE OF DEATH: County. Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Perry Point Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 21 yrs. 9 mos. 11 days. Hospital, institution, or street address where death occurred: VA Hospital, Perry Point, Md. How long in hospital or institution? 21 yrs. 9 mos. 11 days.	City or town			
3.(a) FULL NAME Strobatz, Joseph V.	3. (b) Social Security Number			
Male 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 13 19.26 to July 24 19 and that I last saw h im alive on July 24 19 Immediate cause of death Pneumonia, bronchial, OURI Left 4-5			
9. Birthplace Painter 10. Usual occupation Painter 11. Industry or business	Due to. Coronary sclerosis			
12. Name	Other conditions Atelectasis, right, post— 33 d operative, arteriosclerosis, a d (Include pregnancy within 3 months of dell'ized Major findings of operations. Date of op.			
Address VA Hospital Records Address VA Hospital Perry Point, Md. 17 Removal (Burial, cremation, or removal, Which?) Cemetery or crematory & Unknown Location Pitisburg, Pa. 18. Funeral direct Remains ton South Address Havre de Grace, Md. 19. Coste rec'd by registrar) Registrar Registrar	Antopsy results. Same as above PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No ...

	/ '
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn)infants give reaidence of mother)
City or town(If outside city or town/limits, write RURAL and give near/st town)	State County
	City or town Curacian Cult
How long in above place of death?	(If outside city or town lights, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	
	2.(a) If veteran, name war.
mary feffuson Wal	2552 the 3. (b) Social Security Number
4. Sex 5. Color dr page (8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of plute married	2D. DATE OF DEATH July 2 1948 21 2 a.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 0/1/1600	and that I last saw halive on
deceased (mo., day, yr.)	Immediais Cause of death
8. AGE: Years Months Days If less than one day	Coronary
000 x 8hrsmin.	J. A. J.
9. Birthplace	Due to Oclerose
Morrientee	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Lines France .	Other conditions
3 13. Birthplace enceape die city my	
14. Maiden name Ella : m. Hurtt: 15. Birthplace Millington Md.	(Include pregnancy within 8 months of death).
15 Birthaine & Allington ma	Major fiedings of operations.
O Hellespha	Date of op.
16. Informant	Autopsy results
Address Cles apeals city my	
B. 1 Duly 3/48	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Settlel	Where did Injury occur?
near Charles Re-City mid	Injured at home, farm, Industry, public place (where?)
Location Location	Means-of injury Injured at work?
18. Funeral director	means of valury injured a work?
Address Elkton md	Villworken Min for Cacil County
July Ball 14 & Jaga Jallash H. 196	Killing Sieu MU 7-2-48
// (Date red by registrar) Registrar	Date signed

JUL 6 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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/	
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or lown (If outside only or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war.
3. (a) FULL NAME	
WATSON	MARV 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 9 19.4.8 at 9:36 f
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 8. io
deceased (mo., day, yr.)	Immediate cause of death DURATION
9. Birthpiace	Due to Due to Due to
11. Industry or business.	Dither canditions Disease
13. Birthplace 14. Maiden name Charles Co. Md.	(Include pregnancy within 3 months of feath) Major findings of operations
18. informant Cuth Cifer Though Plant Address 303 S. Washington Though Plant	Antopsy results
17. Date thereol. (month) (day) (year)	22. VIOLENCE: 11 death was due to external causes, 1111 in the following: Accident, suicide, or homicide
Location Communication Communi	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Have de Beace, Md.	SIGNATURE H. Sadowsky M. D. or golge
19. Suly 0 19.48 Trease E. Laugha Poate rec'd by registrar) Registrar	Address Perry rele M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn fiffants give residence of mother)
County	State Ja. D. County Cheller
(If outside city or town limits, write RURAL and gryy nearest town)	Harrishin Prunalit.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streei No
and the second	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Earl Willeins	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M' pluce married	20. DATE OF DEATH & SUL 13 19. 48 at 2 a. 1
6. (b) Name of husbar Greet the live Willsimm	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 23 years	19
7. Birth daie of deceased (mo., day, yr.) July 30 1924	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immedia cause of death 3 rd Chillylle DURATION
23 11 13hrsmin.	IMINO OL
9. Birthplace Destlerore: O.a.	Due to 7095 06 Cody 9
not la Karuler.	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name 1	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name a da D Williamson 15. Birihpiage Littor Corner Mcl.	
15. Birtholage Littors Corner Mc.	Major findings of operations.
Miles Emillousen	
16. Informant	Autopsy results
Address Landenweig. June 12.	22. VIOLENCE: tf death was due to external souses, fill in the following:
(Burial, cremation, or ranoval, Which?) Date thereof (month) (day) (year)	Accident, suicide, Confedelle alust Date of 7-12-48
1 State of the state of the	Where did Injury to Brusnille Ceril ma
Cemetery or cremaiory & T. Y. Congs. West Thomas 19.	(City or town) (Gounty) (State)
Location Letter Lounty La	Injured at home, farm, Industry, public place (there?)
18. Funeral director X. S. X-o mall & Soy	Modical Examiner
Address Kennett Square Pa.	SINATURE NOCKOU MIN SON CACIL County
19. July 13 19. 48 Floring	add Claure Suce Med Bate street 13 48

JUL 20 1948

BUREAU V. B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

age shown on: 110 JUL 20 1948 CERTIFICATE OF DEATH

Evidence for change of

96 Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Perry Point (If outside city or town limits, write RURAD and give nearest town)	Slate Kentucky County Jefferson
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?	Cily or town
Hospital, institution, or street address where death occurred:	Street No. 3614 W. Broadway
VA Hospital, Perry Point, Md.	(If rural, give LOCATION) 2.(a) If veleran, name war
How long in hospital or institution? 13 yrs. 0 mos. 7 days	The state of the s
3.(a) FULL NAME WRIGHT, Earl B.	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Married	20. DATE OF DEATH. July 12, 19 48 at 1:10 PM
6.(b) Name of h/s/4/1 /h/wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
52 50: 7 7hrsmin.	Tuberculosis, pulmonary, chronic, far advanced Unknown
9. Birihplace	Due 10
10. Usual occupation Policement Federal Prohibition 11. Industry or business	Oue to
H. 12. Name	Other conditions
14. Malden name Covilla Fitzpatrick deceased Virginia	(Include pregnancy within 3 months of death) Major findings of operations
16. Informani Hospital Records Address VA Hospital, Perry Point, Md.	Autopsy results. Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Removal Date thereol July 13, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to exfernal causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Unknown	Where did injury occur?
Location Frankfort, Kentucky	Injured at home, farm, Industry, public place (where?)
18. Funeral director FENNINGTON & SON	Means of Injury Injured at work?
Address Havre de Grace, Md.	1.3(lellewite
10 July 13 10 48 Freme E. Danshot	23. SIGNATURE A.E. TROLLINGER, M.D., Chief, Professional Sy
(Date rec'd by registrar) Registrar	Address VAH, Perry Point, Md. Date signed 13.48



JUL 15 1948

BUREAU V. S.